

February 28, 2023

Co-Chairs Senator Lesser and Representative Gilchrist, Ranking Members Senator Seminara and Representative Case, and Distinguished Members of the Human Services Committee:

My name is Thomas Buckley and I live in Avon. I am an Associate Professor Emeritus of Pharmacy Practice at the UConn School of Pharmacy. In my faculty role I work with Khmer Health Advocates (KHA) of West Hartford as an experiential site for students in their torture treatment clinic and as a research center for trauma and torture survivors of the Khmer Rouge genocide.

I was also appointed to the Community Health Worker (CHW) Advisory Committee for the Connecticut State Innovation Model initiative. This Committee developed the definition of a CHW in Connecticut, the roles of a CHW, and the training and criteria needed for certification of CHWs in Connecticut, as well as establishing a framework for sustainable payment models for compensation.

I am writing in support of SB 991, An Act Concerning Medicaid Reimbursement for Community Health Workers.

In my 40 years as a pharmacist and public health researcher, I cannot think of a more cost-effective member of the health team than the community health worker. I have worked directly with refugees in Southeast Asia waiting to be resettled in the United States, and those that have come to the U.S., and in each case my job would be impossible to complete without the cross-cultural collaborative team of the CHW. While my work with CHWs in Connecticut has spanned many years, the only way CHWs have been paid has been through time-restricted grant funding. We absolutely need Medicaid reimbursement for CHWs to make their invaluable work sustainable.

Chronic trauma experienced by immigrants exposed to war leads to extremely complex medical conditions, including complex PTSD and also chronic medical conditions such as diabetes. The research I have conducted with my colleagues at UConn and KHA has shown the impact of chronic trauma on Cambodian American refugees, whose 30-year trajectory illustrates the consequences of ignoring diabetes and its risk factors in more recent, and soon to be arriving, refugee cohorts (*Diabetes Among Refugee Populations: What Newly Arriving Refugees Can Learn From Resettled Cambodians*. Current Diabetes Reports (2015) 15:56).

Why is this important? I support SB 991 because we know that social inequities and inconsistent access to health care means that people from marginalized groups, many times cared for by CHWs, may not adequately access proper mental health treatment, potentially making trauma-related symptoms worse. Not having access to CHW services prevents patients from getting critical preventive and primary care and mental health services, which inevitably leads them to catastrophic health implications downstream.

Hundreds of CHW cost studies (which we reviewed in our Committee) demonstrate CHWs' cost-effectiveness. Studies with our own patients showed return on investment of nearly 6:1. Consistent access to CHW services can literally mean the difference between being hospitalized for exacerbations of their conditions or staying home and being cared for by their families and CHW – thereby providing a highly cost-effective method of care.

SB 991 is an opportunity for our state to lead the pursuit for healthcare equity with action, and join 25 other states that have benefitted from CHW Medicaid reimbursement. Thank you for your leadership on this issue.

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